

GILCHRIST HOSPICE

CONTINUOUS QUALITY IMPROVEMENT POLICY

QUALITY ASSESSMENT

POLICY # 1-300

APPROVAL:

(Signature on file)

President

I. **POLICY**

In order to promote quality of care and a positive patient/family experience, Gilchrist Hospice Care Board of Directors has established a planned, systematic, organization-wide approach to process design, performance measurement, analysis and improvement. The plan for organizational performance review includes:

- The continuation of the Gilchrist Process Owner Improvement team
- The consistent review of CMS' Hospice Quality Reporting Program (HQRP) in order to insure compliance.
- The identification of opportunities for improvement
- The establishment and prioritization of performance improvement goals
- The assessment of measurement processes and outcome indicators
- The implementation of improvement initiatives and activities
- The evaluation of organizational response to improvement initiatives
- The monitoring of resource utilization/ management
- The monitoring of the appropriateness of services

II. **PROCEDURE**

- A. The Board of Directors is ultimately responsible for the quality of care provided by Gilchrist Hospice Care. The Board supports performance improvement activities by:
 1. Approving a plan to improve the organization's performance
 2. Approving or updating expectations for performance
 3. Approving or updating priorities for organization-wide performance improvement
 4. Systematically assessing performance to ensure that important internal processes and activities are continually assessed and improved by:
 - a. assigning staff to oversee performance improvement activities

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- b. providing for staff training in the approaches and methods of performance assessment and performance improvement
 - c. providing adequate time and resources for staff to carry out monitoring and improvement activities
 - d. creating and maintaining information systems to support collecting, managing and analyzing of data needed to facilitate ongoing improvement in performance.
- B. The Board of Directors delegates authority and responsibility of the quality improvement program to the Director of Quality. The Director of Quality is responsible for the development, implementation and supervision of the Quality and Patient Safety Annual Plan.
- C. The President of Gilchrist and Directors are responsible for collecting, analyzing and trending data collected on established indicators to assess the performance of the organization.
- D. The Director of Quality, Safety and Staff Development, in conjunction with the Directors and identified improvement project leaders, will identify opportunities for improvement and initiate actions, including the formation of process improvement teams, for performance improvement with the approval of the Board of Directors.
- E. The Director of Quality, Safety and Staff Development will implement improvement initiatives, evaluate results through data collection, and make adjustments/ as necessary.
- F. The Directors are responsible for reporting organizational assessment results to the Quality Committee and the Board of Directors.
- G. The Quality and Patient Safety Plan will be reviewed, evaluated and modified annually to meet the changing needs and goals of the organization.

Date Posted on Web:

1/18/2018

Last Reviewed:

1/2018

Responsible for Review:

DIRECTOR OF QUALITY

EXHIBIT D

QAPI Compliance with COMAR 10.07.21.09

QAPI Characteristic as Described by OHQCQ	State regulation reference	Location/citation in Applicant's QAPI requirement
Develop, implement and maintain an effective, ongoing, nonspice-wide data driven QAPI program	10.07.21.09A & B	<p>Policy 1-300 – Quality Assessment</p> <p>“A. The Board of Directors is ultimately responsible for the quality of care provided by Gilchrist Hospice Care. The Board supports performance improvement activities by:</p> <ol style="list-style-type: none"> 1. Approving a plan to improve the organization’s performance 2. Approving or updating expectations for performance improvement 3. Approving or updating priorities for organization-wide performance improvement 4. Systematically assessing performance to ensure that important internal processes and activities are continually assessed and improved by: <ol style="list-style-type: none"> a. assigning staff to oversee performance improvement activities b. providing for staff training in the approaches and methods of performance assessment and performance improvement c. providing adequate time and resources for staff to carry out monitoring and improvement activities d. creating and maintaining information systems to support collecting, managing and analyzing of data needed to facilitate ongoing improvement in performance.” <p>¹CHAP Standard(s): HII.2e (11,12,13), HII.10b (1,2,3,6) HII.10d, HII.10e</p> <p>Policy 1-300 – Quality Assessment</p> <p>“d. creating and maintaining information systems to support collecting, managing and analyzing of data needed to facilitate ongoing improvement in performance.”</p> <p>CHAP Standard(s): HII.10b3</p> <p>Policy 1-300 – Quality Assessment</p> <p>“C. The President of Gilchrist and Directors are responsible for collecting, analyzing and trending data collected on established indicators to assess the performance of the organization.”</p>
Maintain documentary evidence – able to demonstrate operation	10.07.21.09D(2) Maintain records to demonstrate the effectiveness of its quality assurance activities	
Program capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services	10.07.21.09C(2) Have outcomes and results that are measurable and which may be incorporated into systemic changes in the program's operation;	

¹ Community Health Accreditation Partner (CHAP) is the accrediting body of Gilchrist Hospice Care

²Quality and Safety Plan and Quality Dashboard

EXHIBIT D

Must measure, analyze and track quality indicators including adverse patient events	10.07.21.09C(3) Require the systematic collection, review, and evaluation of information and data and the analysis of trends identified through the quality assurance process	CHAP Standard(s): HII.10b3 Policy 1-300 – Quality Assessment “c. The President of Gilchrist and Directors are responsible for collecting, analyzing and trending data collected on established indicators to assess the performance of the organization.”
Must use quality indicator data in design of program to: monitor effectiveness and safety of services and quality of care; identify opportunities for improvement	10.07.21.09D(3) Implement changes based upon results of the evaluated data; for example, when problems are identified in the provision of services, the hospice care program shall document corrective actions taken, including ongoing monitoring, revisions of policies and procedures, and educational interventions	CHAP Standard(s): HII.10b5, HII.10a Policy 1-300 – Quality Assessment “E. The Director of Quality, Safety and Staff Development will implement improvement initiatives, evaluate results through data collection, and make adjustments/ as necessary.”
Frequency and detail of data collection must be approved by governing body	10.07.21.09E The hospice care program shall be held accountable by the governing body for accomplishing the goals and standards that are established as part of the quality assurance and improvement system.	CHAP Standard(s): HII.10b4 Policy 1-300 – Quality Assessment “F. The Directors are responsible for reporting organizational assessment results to the Quality Committee and the Board of Directors. G. The Quality and Patient Safety Plan will be reviewed, evaluated and modified annually to meet the changing needs and goals of the organization.”
Must focus on high risk, high volume or problem prone areas		CHAP Standard(s): HII.2e13 Policy 1-301 – Hospice Program Evaluation “A. The annual evaluation will be based on the following: 1. Evaluation of effectiveness of administrative practices, policies and procedures focusing on high risk and problem prone areas identified during process improvement and metric selection. Regulatory requirements, survey results, Quantros trends and others are also considered when developing the plan. requirements.”
PI activities must track adverse patient events,	10.07.21.09D(3) Implement changes based upon results of the evaluated data; for	CHAP Standard(s): HII.10c5d Policy 1-300 – Quality Assessment “d. creating and maintaining information systems to support

² Quality and Safety Plan is developed, reviewed and modified annually to meet the different focus areas within the organization. Quality Dashboard is an internal resource used to present data collected for review.

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<p>analyze their causes and implement preventive actions</p>	<p>example, when problems are identified in the provision of services, the hospice care program shall document corrective actions taken, including ongoing monitoring, revisions of policies and procedures, and educational interventions</p> <p>Must measure success and track performance to ensure improvements are sustained</p>	<p>collecting, managing and analyzing of data needed to facilitate ongoing improvement in performance.³</p> <p>³Quantros Data Reporting System</p> <p>CHAP Standard(s): HII.10b5, HII.10d</p> <p>Policy 1-300 – Quality Assessment</p> <p>"4. Systematically assessing performance to ensure that important internal processes and activities are continually assessed and improved by:</p> <ul style="list-style-type: none"> a. assigning staff to oversee performance improvement activities b. providing for staff training in the approaches and methods of performance assessment and performance improvement c. providing adequate time and resources for staff to carry out monitoring and improvement activities d. creating and maintaining information systems to support collecting, managing and analyzing of data needed to facilitate ongoing improvement in performance." <p>CHAP Standard(s): HII.10b4, HII.10b6</p> <p>Policy 1-301 – Hospice Program Evaluation</p> <p>"3. Achievement of additional, internal goals and objectives as identified in the fiscal year Quality and Safety Plan as measured by internal data collection, analysis, and trending and guided by the organization's quadrupled Aim of Better Health, Better Care, Least Waste and More Joy.</p> <ul style="list-style-type: none"> a. Infection control data and trends. b. Safety management data and trends c. Risk management data and trends d. Effectiveness of resource utilization/ management e. Proposed goals/ priorities for the coming year." <p>10.07.21.09C(1-6) C. The quality assurance and improvement program shall:</p> <p>(1) Focus on:</p> <p>(a) The needs, expectations, and satisfaction of patients and their families, and</p> <p>(b) All services provided by the hospice care program;</p> <p>(2) Have outcomes and results that are measurable, and which may be incorporated into systemic changes in the program's operation;</p> <p>(3) Require the systematic collection, review, and evaluation of information and data and the analysis of trends identified through the quality assurance process;</p> <p>(4) Require that regular reports are prepared and reviewed by the governing body and appropriate personnel;</p> <p>(5) Provide for prompt and appropriate response to incidents when the patient's health</p>
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³ Quantros is an internal data reporting system use by Gilchrist to collect, manage and analyze performance improvement data.

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Governing Body- responsible for ensuring that one or more individual(s) who are responsible for operating the QAPI program are designated	and safety is at risk; and (6) Include proactive strategies to improve the quality of services.	CHAP Standard(s): HII.10a, HII.10e, HIV.2, HIV.2a&b Policy 1-300 – Quality Assessment “B. The Board of Directors delegates authority and responsibility of the quality improvement program to the Director of Quality. The Director of Quality is responsible for the development, implementation and supervision of the Quality and Patient Safety Annual Plan.”
	10.07.21.09D(4) identify the individual responsible for performing the quality assurance functions as set forth in this regulation	CHAP Standard(s): HI.2e12